FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # P94000074476 (0)**

PEMBROKE HOMES, INC. Principal Place of Business Mailing Address 4288 PINNACLE STREET 4288 PINNACLE STREET CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 339				2925					
						3. Date Incorporated or Qualified 10/11/1994		te of Last R 0/1996	eport
	Place of Business	28. Mailing Address				4. FEI Number NOT APPLICABLE	Applied For		
21		·	Suite, Apt. #, etc.			Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing	The second secon		
Zip Country		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 - 9. Name and Address of Curr	rent Registered Agent	30	<u>.</u>	 	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
GI	JNDERSON, MIKO P	B. a.	······································	81	Name	14. 120112 mile 1/441244 &1 1204 1/6	p 10100 F		
%	BATSEL MCKINLEY ITTERSAGE 61 PLACIDA RD., SUITE 104	N GUNDERSON PA		62	Street Add	ress (P.O. Box Number is Not Acceptable)			
	IGLEWOOD FL 34223			83					
				84	City		FL	85 Zip	Code
office o agent I SIGNATUHI 12.	am familiar with, and accept the ob- Signature, typical or printed name of registered	agent and title if applicable. AND DIRECTORS	5, Florida S	Statutes		coration submits this statement for the place of the policin's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
THEE NAME STREET ADDRES CITY-ST- Z-P	BRUNDERMAN, BRIAN P 4288 PINNACLE STREET CHARLOTTE HARBOR FL 33	□ DÉLETO	1	I.1 TITLE I.2 NAME I.3 STREET I.4 CITY-ST	'			Change	Addition
THE NAME STREET ADDRES		☐ DELETI	2 2 2	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS			Change	Addition
CHY+ST-ZIP HEF NAME STREET ADDRESS	s	☐ DELETI	3 3 3	2. 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	address		***************************************	Change	Addition
CHY-SI-ZIP TITLE NAME STREET ADDRES	s	☐ DELETI	4	1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS			Change	Addition
THILE NAME STREET ADDITES	s	☐ DELETE	5 5 5	1.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS			Change	Addition
CITY-ST ZIP TITLE NAME STREET ADDRES	s	DELETI	6 6	5.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET		00000218 -05/21/97010		□ Change 30 C! 18 5	☐ Addition S 19/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURI

FILED

May 09 1997 8:00am

Secretary of State